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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>1011042358</i>	Filing Date					
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
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Total Claims							Total Claims					

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